



Membership Form

Submit form and payment to:

KAGC
P.O. Box 552
Frankfort, KY 40602

Name: _____

Place of Employment: _____

Business Address: _____

Title: _____

Business Phone: _____

Fax Number: _____

Email Address: _____

Membership Type: ☐ Active ☐ Organization/Agency ☐ Associate

Membership Status: ☐ Renew ☐ New

Amount Due: _____

If Organization/Agency Membership, please list the individuals:

Membership Categories and Fees:

Active - \$50 per year

A person currently or formerly employed by federal, state or local government in a position whose primary duty is in creating or disseminating information or illustrative materials in any medium to communicate with the agency's internal or external publics or who directs or manages these activities. This category of membership includes those who are retired, unemployed or students. Membership cannot be transferred to another individual.

Organization/Agency - \$200 per year

Any group of individuals (up to five people in total) who meet the active category requirements. Members must be identified at time of application. Membership is transferable within the organization/agency when designated members leave the agency or take an extended leave of absence.

Associate - \$40 per year

Any person in a position outside of government who partners with or works for government communicators in project or product development.